POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	B-Z	877	11-13-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim	Date	Claim	Date	Claim	Date
Final / Original		Final / Original		Final / Original	
1		51		101	
2		52		102	
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49		99		149	
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If more than 150 claims or 10 actions
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CLAIM		DATE						
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CLAIM		DATE						
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